



California Automated Travel Expense Reimbursement System CalATERS GLOBAL System Authorization

CalATERS Global System Authorization forms must be signed and submitted to the **[Department Name]** accounting office prior to accessing CalATERS Global. Upon agreeing to the following requirements, system users will be provided with an individual and unique user ID. Departments will assign user IDs for their staff. Passwords will be sent via email after the new user registration process has been completed. Please check all of the roles that apply to you.

- ☐ **Employee** - Submission of travel advance and/or expense reimbursement forms will be a true statement of the amount necessary to defray expenses and/or the amount of actual expenses incurred by me while in the service of the State, and will be in accordance with bargaining unit contracts, government code, DPA rules, and SAM guidelines.
- ☐ **Employee Who Assigns a "Submitter"** - Submission of travel advance and/or expense reimbursement forms will be a true statement of the amount necessary to defray expenses and/or the amount of actual expenses incurred by me while in the service of the State, and will be in accordance with bargaining unit contracts, government code, DPA rules, and SAM guidelines. **Although "Submitter" submits claims for employee, the employee is responsible for verification of expenses and amounts being claimed.**
- ☐ **Approver** – I have been authorized by my department to approve travel advance and expense reimbursement forms for employees within my area of responsibility. Each travel advance and/or expense reimbursement request I approve will involve the amount necessary to defray expenses incurred while conducting official State business, and will be in keeping with the applicable rules and policies.

The Roles below are for Employees with Assigned Responsibilities

- ☐ **Prepare For** – I have been authorized by my department to prepare travel advance and expense reimbursement forms on behalf of specific department employees. Travel advance and/or expense reimbursement forms will be consistent with travel advance and expense reimbursement information received from employees. Note: The authority for the "preparer" privilege is assigned by the employee who selects another employee to create claims on his/her behalf.
- ☐ **Submit For** – I have been authorized by my department to submit travel advance and expense reimbursement forms on behalf of specific department employees. Travel advance and/or expense reimbursement forms will be consistent with the completed and signed paper travel advance and expense reimbursement information received from employees. Note: The authority for the "submitter" privilege is assigned by the employee who selects another employee to create and submit claims on his/her behalf.



California Automated Travel Expense Reimbursement System
CalATERS GLOBAL
System Authorization

The Roles below are for Department Accounting Staff only

- ☐ **Work Pool** – I have been authorized by my department to access the CalATERS Global work pool to process travel advance and expense reimbursement forms. Each travel advance and/or expense reimbursement form I approve will involve the amount necessary to defray expenses incurred while conducting official State business, and will be in keeping with the applicable rules and policies.
- ☐ **Travel Advance Administration** – I have been authorized by my department to access Travel Advance Administration to process emergency travel advances, update travel advances with payment information, apply partial repayments, and clear travel advances.
- ☐ **Log on As Write** – I have been authorized by my department to utilize the Help Desk Assist privilege to assist in helping department staff with CalATERS Global questions or problems, review draft and in-progress forms, and update profile information.
- ☐ **Log on As Read** – I have been authorized by my department to utilize the Access Employee Data privilege to assist in helping department staff with CalATERS Global questions or problems and review draft and in-progress forms.
- ☐ **Reports** – I have been authorized to access the CalATERS Global Reporting system.

The following applies to all roles

- When using CalATERS Global, I authorize the State to take my requested action by an automated means and I authorize the State to accept the combination of my user ID and password in lieu of my written signature.
- My password is unique to me and is to remain confidential. I will not allow other individuals to use my user ID and password to access CalATERS Global.
- It is my responsibility to maintain the confidentiality of CalATERS Global information.
- My access to CalATERS Global can be revoked at any time by the State.

I hereby certify that I have read and understand the above requirements for accessing and using CalATERS Global.

Employee Name (Print)	Employee Signature
User Identification Number	Date
FOR ACCOUNTING OFFICE USE ONLY	
Authorized Department Representative *	Date

*Authorized department representative must have a signed CalATERS Global Signature Authorization form on file with the State Controller's Office, CalATERS Global Unit.